American Journal of Public Health

Reviewer: E. Abdoler

Title: Collapsing the Vertical–Horizontal Divide: An Ethnographic Study of Evidence-Based Policymaking in Maternal Health

First Author: Béhague, DP

Citation: American Journal of Public Health 2008; 98: 644-649

Summary: In order to describe the state of and evaluate the causes behind the current tension between vertical and horizontal strategies in public health, the authors examined the situation in the field of maternal health at the international level. By interviewing and observing key players in maternal health and assessing the relevant literature, the authors provide anecdotal and thematic evidence of the factors discouraging the integration of vertical and horizontal strategies to improve maternal health. Competition for funding and support with other health fields (child health, for example) and among various factions within maternal health tilt practices in favor of the vertical approach (as single-intervention strategies are more attractive to donors and policy-makers), as does disagreement between policy-makers and academics in terms of the reporting of uncertainty and framing of problems. Implementation of the horizontal approach is also avoided as a result of uncertainty regarding how to properly evaluate horizontal interventions in a way that "fits" with current standards of evidence and scientific rigor; key players in the field appear unwillingly to assume the academic risks associated with implementing new strategies of assessing broad and comprehensive horizontal programs.

Reviewer: E. Abdoler

Title: The Effect of Name-Based Reporting and Partner Notification on HIV Testing in New York State

First Author: Tesoriero, JM

Citation: American Journal of Public Health 2008; 98: 728-735

Summary: In this study, the authors aimed to evaluate the claim that named-based HIV reporting discourages testing by examining the impact of New York state's HIV Reporting and Partner Notification (HIVRPN) law. In addition to surveying at-risk populations about their knowledge of the law and their testing behavior, the authors compared pre- and post-HIVRPN rates of HIV testing in the publicly-funded and prenatal settings and of HIV pre- and posttest counseling (by looking at Medicaid billing data). The authors report that only 5.1% of survey respondents who delayed or avoided testing did so as a result of concerns about name-reporting; furthermore, few (26.4%) were aware of the name-reporting requirement, and half knew that partner-naming is voluntary. The authors also conclude that enactment of HIVRPN has not affected the rates of testing or HIV counseling within the populations assessed.

Reviewer: E. Abdoler

Title: Income Inequality and Socioeconomic Gradients in Mortality

First Author: Wilkinson, RG

Citation: American Journal of Public Health 2008; 98: 699-704

Summary: The authors report findings from their effort to examine whether income equality is related to lower mortality rates (especially those with a strong socioeconomic gradient), and, if so, whether the positive effects of greater income equality extend to the poor, the wealthy, or across the entire population. After analyzing 10 different cause-specific county mortality rates for their relation to county median incomes, the authors determined whether those mortality rates with a strong socioeconomic gradient were associated with state-level income inequalities. For several of the cause-specific mortalities, rates for people living in states with greater income equality were lower than the rates for those in the same income bracket living in states with great income inequality. For some of these mortality rates, all sectors of the population benefited equally from greater income equality (socioeconomic gradients remained constant); for others, the poor benefited to a greater degree. The authors report that, in general, socioeconomic gradients in mortality rates are related to state income inequality, although they recognize that much further analysis is needed.

Bioethics

Reviewer: Arnon

Title: RESEARCH INVOLVING PRISONERS: CONSENSUS AND CONTROVERSIES IN INTERNATIONAL AND EUROPEAN REGULATIONS

First Author: ELGER, B

Citation: Bioethics 2008; 22: 224-238

Summary: Examines international and European regulations on research involving prisoners. Two kinds of approaches are common: requiring more caution to assure that consent is non coerced, second restricting the type of research in which prisoners may participates. Finds both approaches lacking, and suggests that for the protection of prisioners, ensuring the availability of quality of heath care to prisoners is more important than any type of regulation.

Reviewer: Arnon

Title: WHAT SHOULD RESEARCH PARTICIPANTS UNDERSTAND TO UNDERSTAND THEY ARE PARTICIPANTS IN RESEARCH

First Author: Wendler D

Citation: Bioethics 2008; 22: 203-208

Summary: To give valid informed consent, subjects should not only understand the risk and benefits to them from participation, but also that they are being invited to participate in research. According to W&D this is required because participant's interests are affected not only by what affects them personally, but also by effects on the fulfillment of goals to which they contribute, and by the relationship in to which they enter. Study participants should therefore understand the goal of the study, and the nature of the relationship into which they are entering.

Reviewer: Arnon

Title: FAIR BENEFITS' ACCOUNTS OF EXPLOITATION REQUIRE A NORMATIVE PRINCIPLE OF FAIRNESS: RESPONSE TO GBADEGESIN AND WENDLER, AND EMANUEL ET AL.

First Author: BALLANTYNE, AA

Citation: Bioethics 2008; 4: 239-244

Summary: Emanuel et al, Gbadegesin & Wendler present a fair benefit account of exploitation, without providing a substantive normative principle of fairness, and present a procedural approach that is supposed to ensure that subjects and communities not be exploited. Ballantyne argues that in the absence of a robust normative principle of fairness, exploitation collapses back into a debate about consent; but since exploitation can be consensual, exploitation cannot be accounted for in terms of consent. Ballantyne's argument seems to confuse between an account of exploitation in terms of consent, with a consent-based procedure whose function is to prevent exploitation: the failure of the first does not entail the failure of the latter.

Reviewer: Arnon

Title: VULNERABILITY IN RESEARCH AND HEALTH CARE; DESCRIBING THE ELEPHANT IN THE ROOM?

First Author: Hurst, S.

Citation: Bioethics 2008; 22: 191-202

Summary: Proposes an analysis of 'vulnerability' according to which, vulnerability in research and healthcare as an identifiably increased likelihood of incurring additional or greater wrong

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Reviewer: Arnon

Title: ENVIRONMENTAL HEALTH RESEARCH ON HAZARDS IN THE HOME AND THE DUTY TO WARN

First Author: Resnik, David B.

Citation: Bioethics 2008; 22: 209-217

Summary: The paper discusses the duty to warn in the context of studies of environmental risks at home. Claims that investigators who discover environmental risk factors in a subject's home have a duty to warn the subject only if the information is likely to be accurate, reliable, and medically useful. Argues that the duty to warn is grounded in requirements of beneficience and informed consent; that an investigator has a special role related duty to warn subject of findings related to the purpose of the study, and a general duty which is less stringent to report incidental findings. (Please be warned: the author's explanation of how it is that the investigator has a special duty to warn, and why this duty is owed to the subject, is not very convincing). Also contains a number of controversial claims: investigators who find evidence of criminal activity should not report this to the police, unless the activities pose an imminent threat to children or other vulnerable persons; also suggests that if landlords can be harmed by reporting to tenants on risks in their apartment, then investigators must obtain landlords' consent.

British Medical Journal

Reviewer: Sarah Lieber

Title: Health authority knew its cancer testing was inaccurate two years before publicly revealing it, inquiry is told

First Author: David Spurgeon

Citation: British Medical Journal 2008; 336: 853-853

Summary: -Investigation under way in regards to "serious errors in testing for breast cancer in Newfoundland and Labrador that resulted in 383 of 1013 patients missing out on treatment they should have had."
-oestrogen and progesterone hormone receptor tests were conducted between 1997 and 2005 to determine whether a patient's breast cancer was oestrogen receptor positive or progesterone receptor positive (and therefore required treatment with antihormone drugs such as tamoxifen to block hormone production and slow the cancer's progression)
-Problem: a lot of test results that came up negative, when re-tested, were actually positive!
-Eastern Health, the Newfoundland and Labrador health service, was aware that its breast cancer testing lacked accuracy two years before it publicly revealed the extent of the problem (took some lawsuits to get it out of them)

Reviewer: Sarah Lieber

Title: BMA rejects proposal that GPs should pay cost of patients' unnecessary visits to emergency departments

First Author: Lynn Eaton

Citation: British Medical Journal 2008; 336: 910-910

Summary: -Recent proposals from NHS Confederation and NHS Employers in UK: "primary care trusts should be able to recoup from general practices the costs of any unnecessary visits made by their patients to emergency departments or walk-in clinics."-- GPs will be charged if patient goes to ED when they can't see primary care physician
-threat to fine GPs is intended to encourage GPs to extend their opening hours, making surgeries more easily accessible to patients
-GPs furious: b/c in areas where there is a "culture of patients tending to go to emergency departments", practices may go bankrupt
-Gp's would be charged $ of visit to ED or walk-in clinics that do not lead to admission (1200m Euros; $1900m)

Reviewer: Sarah Lieber

Title: Direct to Consumer Genetic Testing: Knowing me, knowing you

First Author: Jeanne Lenzer

Citation: British Medical Journal 2008; 336: 858-860

Summary: -Article examines problems of the rise in commercial genetic testing
-companies are marketing genetic tests and the industry is growing rapidly
-Problem:
1) there is lack of evidence of whether tests provide individuals clinically useful information
2) there is little regulatory oversight of the tests
3) little clinical data and regulations to help doctors guide patients "who go to them carrying printouts of their genetic details"
-Marketing strategy: "forwarned is forearmed"; tests will "help to empower individuals and their doctors."
-Author's argument: more likely that these tests will RAISE more questions than they answer.
-"Some screening tests, though non-invasive and seemingly harmless, have been shown to trigger a cascade of further evaluations and interventions that result in measurable harms while providing no benefit"

Reviewer: Sarah Lieber

Title: Egyptian doctors who took part in forced HIV testing "violated medical ethics"

First Author: Peter Moszynski

Citation: British Medical Journal 2008; 336: 855-855

Summary: -"arrest and forcible medical examination in Egypt of men who were suspected of being practising homosexuals"
-apparent "crackdown" on homosexuals in which gay men found to be HIV positive were detained in hospitals and chained to hospital beds for several months until a court order was obtained to have the chains removed.
-"4 HIV positive men were convicted of the 'habitual practice of debauchery,' a term used in Egypt's legal system to denote consensual homosexual acts. They were sentenced to three years in prison followed by three years of close police supervision."
-A letter to the Egyptian Ministry of Health and Population, jointly signed by 117 different rights groups, said that doctors employed by the ministry "subjected the men to HIV tests without their consent."

Reviewer: Sarah Lieber

Title: Patient and public involvement in clinical trials

First Author: Hazel Thornton

Citation: British Medical Journal 2008; 336: 903-904

Summary: -Editorial that argues we need to encourage and promote institutional collaboration b/w clinical trialists and patients
-need better collaboration between "professional and lay members [who] focus on improving research processes and seeking fair systems that consider the needs of patients"
-Example cited: "Patient and public involvement now goes beyond clinical trials. For example, an appointed group of 30 well motivated and informed lay members, the Citizens Council of NICE contributes to decisions about the prioritisation of healthcare resources on the basis of evidence from clinical trials."
-encourages this kind of parntership b/w patients and the public to be involved in all stages of research

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Reviewer: Sarah Lieber

Title: US hospitals pass on most of the costs of errors

First Author: Janice Hopkins Tanne

Citation: British Medical Journal 2008; 336: 852-852

Summary: -According to Harvard report (author Michelle Mello) published in the Journal of Empirical Legal Studies, “US hospitals pass 78% of the costs of all adverse events and 70% of the costs of negligent injuries to other payers”.
-IOM stats: $17 billion in medical errors/year in US
-These other payers include: Medicare insurance plan for elderly people, health insurance companies, disability insurance programmes, and injured patients and their families.
-Analysis in Report: cost model that assesses economic and non-economic losses including: "longer hospital stays or days spent in intensive care, outpatient visits, prescription drugs, medical equipment and supplies, home health care, physical therapy and rehabilitation, and nursing home care. disability payments, burial costs, and lost wages, fringe benefits, and household production."
-The study found that each adverse event cost the hospital an average of $2013, and each negligent injury cost an average of $1246. The remainder of the costs was passed on to insurers, patients, and their families.

Take-home message: "hospitals shift most of the costs of injury to other parties and therefore have little economic incentive to improve patient safety."

Reviewer: Sachs, Ben

Title: Direct to consumer advertising: A cynical consultation exercise?

First Author: Medawar, Charles

Citation: British Medical Journal 2008; 336: 787-787

Summary: The European Commission's Directorate General for Enterprise and Industry (DGEI) is proposing to allow pharmaceutical companies to promote prescription drugs directly to consumers. Medawar opposes this move on the grounds that direct to consumer advertising of prescription drugs promotes a mistaken view of how health is attained. In short, it "medicalises" it. The truth, Medawar says, is that health has more to do with your diet, your environment and your society.

Reviewer: Persad

Title: Access to medical records for research purposes: varying perceptions across research ethics boards

First Author: Willison, DJ

Citation: British Medical Journal 2008; 34: 308-314

Summary: (Really from J Med Ethics.)

Apparently Canadian IRB analogues (REBs) have large cross-IRB variation about practices regarding whether consent is needed to access medical records for use in a study. Conclusion:
"Large variation was found across sites in the requirement for consent for research involving access to medical records. REBs need training in best practices for protecting privacy and confidentiality in health research. A forum for REB chairs to confidentially share concerns and decisions about specific studies could also reduce variation in decisions."

Reviewer: Persad

Title: Should ethics consultants help clinicians face scarcity in their practice?

First Author: Hurst, Samia A.

Citation: British Medical Journal 2008; 34: 241-246

Summary: (Really from J Med Ethics)

Combination of an empirical survey of physicians that assesses how often they face scarcity-related challenges in their practice, and a conceptual discussion of how ethics consultants can help physicians work through such challenges.

Reviewer: Persad

Title: Malawians permit research bronchoscopy due to perceived need for healthcare

First Author: Mtunthama, N

Citation: British Medical Journal 2008; 34: 303-307

Summary: (Really from J Med Ethics.)

People in Malawi have been participating in a research bronchoscopy trial. Their primary motivation is healthcare access rather than cash compensation. Interesting issues about compensation for developing country subjects.

Reviewer: Sarah Lieber

Title: Better delivery, not more funding, is crucial to improving health care

First Author: Hugh Ip

Citation: British Medical Journal 2008; 336: 855-855

Summary: -Recent Yale conference organised by the a non-profit organisation Unite for Sight
-Jim Kim (from Partners in Health) claimed we're in an "implementation bottleneck"
-Sentiments from conference: "the key to tackling major health problems around the world is not generating new funds but implementing available solutions"
- Dr. Kim's argument: need better education for doctors about healthcare delivery as an urgent priority and for more research in the field.
-Jeffrey Sachs (professor of sustainable development at Columbia): highlighted the importance of "networking to create a global social movement."

Reviewer: Sarah Lieber

Title: Most cases of research misconduct go undetected, conference told

First Author: Richard Smith

Citation: British Medical Journal 2008; 336: 913-913

Summary: -Recent conference on the governance of good research conduct in the United Kingdom.
-speakers claimed that "questionable research practices are common and probably do more damage to science than the "big three" of fabrication, falsification, and plagiarism"
-"questionable research practices" take on many forms including: "poor design, incomplete literature review, failure to report some evidence, unreported outcomes, failure to declare conflicts of interest, and redundant publication."
-Problem:fabrication, falsification, and plagiarism are more visible, but other questionable research practices, which have can have a greater impact, are under-reported (by only 10%-50% of researchers).

Reviewer: Sachs, Ben

Title: Direct to consumer advertising: Include cost of treatment

First Author: Glaser, Anthony

Citation: British Medical Journal 2008; 336: 788-788

Summary: Glaser argues that if direct to consumer advertising of prescription drugs is to be allowed in Europe, advertisements should have to include an estimate of the cost of a typical course of treatment. Glaser says that this would often help doctors explain to there patients (or avoid having to explain to them) why their insurance doesn't cover the drug, and it would also give people the information they need to figure out whether the cost is justified by the severity of the problem. Interestingly, Glaser has a complaint about the U.S. requirement that drug advertisements include information on side effects: consumers have little ability to put the information into context given the probabilities of the various effects.

Reviewer: Sarah Lieber

Title: Pilot study shows cost effective approach to enable people to die at home

First Author: Susan Mayor

Citation: British Medical Journal 2008; 336: 912-913

Summary: -Delivering Choice programme (started in 2004):
pilot programme designed to improve liaison between hospitals and community services
-allows considerably more people to die at home at no additional cost
-Program included: Community link nurses appointed at two hospitals in the area "to help the speedy discharge of palliative care patients to their preferred place of care and to coordinate home care. A community based rapid response team was set up to provide planned and emergency visits to patients in their homes between 3 pm and 7 am."
-According to King's Fund this programme provide cost-effective model (costs during last 8 weeks of life for cancer patients slightly less in programme than for inpatients)

Reviewer: Sarah Lieber

Title: Radiographers increase cancer detection rate, but at cost

First Author: Roger Dobson

Citation: British Medical Journal 2008; 336: 913-913

Summary: -Main issue: "Breast cancer is more likely to be detected when mammograms are read by two radiologists as well as two radiographers. But double reading by both groups of professionals leads to more false-positive screens"
-double reading by two radiologists can increase the cancer detection rate in breast screening by as much as 15%.
-hard to impement double readings in UK and US due to resource constraints, but feasible in Netherlands
-"In 2003 independent reading of screening mammograms by two radiographers in addition to standard reading by two radiologists was introduced in the southern breast cancer screening region of the Netherlands."
-Study of outcomes in netherlands:
"the introduction of the additional reading by two radiographers lead to radiologists increasing their referral rate by 40%."; The cancer detection rate rose from 4.86 to 5.25 per 1000 women screened

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Hastings Center Report

Reviewer: Namrata Kotwani

Title: Is Longer Always Better?

First Author: Emanuel EJ, Grady C, Menikoff J

Citation: Hastings Center Report 2008; 38: 10-12

Summary: Commentary on whether study participants can be randomized to arms with longer and shorter consent forms with a waiver of informed consent from the IRB. The purpose of the study is to see the impact of long consent documents on the consent process.

Reviewer: Namrata Kotwani

Title: Screening and Caring for Children with Rare Disorders

First Author: Lin BK, Fleischman AR

Citation: Hastings Center Report 2008; 38: 6-6

Summary: Authors argue that newborn screening is “an established, effective program to identify children with rare diseases and refer them for needed treatment.” Threshold for evidence-based public health practice for screening for rare diseases is different from evidence-based clinical practice, and from screening common chronic conditions like cancer or diabetes. Rare disorders usually preclude RCTs to determine effectiveness of treatment. Successful interventions in small numbers of affected children may be all that is available to determine efficacy of treatment. Rather than pitting groups of needy children against one another, we should focus on allocating more resources to children’s health in general.

Reviewer: Namrata Kotwani

Title: Ethics, Evidence, and Cost in Newborn Screening

First Author: Bailey MA, Murray T

Citation: Hastings Center Report 2008; 38: 23-31

Summary: Articles that questions the value of mandatory newborn screening for genetic disorders and proposes that screening should be guided by evidence of effectiveness, opportunity cost, fair distribution of costs and benefits, and respect for human rights.

JAMA

Reviewer: O'Neil

Title: Critics Say FDA's Off-Label Guidance Allows Marketing Disguised as Science

First Author: Mike Mitka

Citation: JAMA 2008; 299: 1759-1760

Summary: Drug companies like to send doctors reprints of articles that report favorable research on off-label uses for their drugs. There are two main problems w/ this practice: it encourages doctors to go off-label even when there are effective FDA-approved alternatives, and it reduces the incentive for Pharma to obtain FDA approval for uses. There used to be a law governing this practice, but it lapsed. The FDA suggests prohibiting the dissemination of publications that are either funded by manufacturers, that are not peer-reviewed, or that fail to disclose conflicts of interest. Critics are not satisfied with these constraints, but I'm not sure why.

Reviewer: Arnon

Title: 21st-Century Primary Care
21st-Century Primary Care: New Physician Roles Need New Payment Models

First Author: Baron RJ

Citation: JAMA 2008; 299: 1595-1597

Summary: Fee-for-service reimbursement has undermined good primary care, because some of the most important function of primary care, in particular, coordination of care, remain uncompensated.

Reviewer: Arnon

Title: Newly Approved Does Not Always Mean New and Improved

First Author: Anderson G

Citation: JAMA 2008; 299: 1598-1600

Summary: Randomized trials do not provide information about population excluded from trials, and about off-label use, and so regulatory reform is an insufficient toward improving drug safety. Patients' and physicians' mindsets must be changed: Patients must become more skeptical and better informed about new drugs before they take them. Prescriptions are written by physicians, who need to be more discriminating in how they prescribe new drugs.

Reviewer: Arnon

Title: HIV Prevention Studies Yield Mixed Results

First Author: Stephenson, J

Citation: JAMA 2008; 299: 1529-1530

Summary: Analyses of results of a trial of a failed HIV vaccine have prompted prominent scientists to urge the NIH to retreat from testing candidate vaccines of questionable value. Instead, the focus should be on development of new approaches, and on developing the repertoire of prevention tools.
The report also discusses studies of the unclear effects of male circumcision on the risk of infection to females, and findings of dramatic effects of antiretroviral drugs given postnatally to nursing mothers or infants on risk of transmission of HIV to breastfeeding infants are discussed.

Reviewer: O'Neil

Title: Reporting Mortality Findings in Trials of Rofecoxib for Alzheimer Disease or Cognitive Impairment

First Author: Bruce Psaty, Richard Kronmal

Citation: JAMA 2008; 299: 1813-1817

Summary: There are two ways to assess a drug's mortality risk: using only mortality rates while subjects were on the drug, and using mortality rates while sujects were on the drug and during the follow-up period. The former measure will make the drug look safer than it is for a couple reasons. Drugs can be responsible for deaths that occur after discontinuation of the drug. And those who experience adverse effects from the drug are the most likely to later die from it, and also the most likely to quit taking the drug before that happens. Merck had performed both analyses of the mortality risk of Rofecoxib. The former measure showed no increased risk, but the latter showed a significantly increased risk. They reported only the former measure to the FDA.

Reviewer: O'Neil

Title: FDA Guidance on Off-Label Promotion and the State of the Literature from Sponsors

First Author: Bruce Psaty, Wayne Ray

Citation: JAMA 2008; 299: 1949-1951

Summary: Another article on dissemination of reprints supporting off-label uses. Again, the charge is that this practice, even when restricted to peer-reviewed publications, tends to mislead doctors and endanger patients.

Reviewer: O'Neil

Title: Guest Authorship and Ghostwriting in Publications Related to Rofexcoxib

First Author: Joseph Ross, et al.

Citation: JAMA 2008; 299: 1800-1812

Summary: "Guest authorship" is the name for what occurs when academic researchers, who have contributed almost nothing to a publication, allow a company like Merck to attribute authorship to them for an honorarium. "Ghostwriting" is the name for what occurs when genuine authors, like medical publishing companies or Merck employees, do not have authorship attributed to them. External academic researchers are more credible than Merck employees, but Merck employees are more likely to advance Merck's interests. So Merck employees do the research and the writing, and academics lend their name for a price.

Journal of General Internal Medicine

Reviewer: E. Abdoler

Title: Application of a Decision Support Tool for Anticoagulation in Patients with Non-valvular Atrial Fibrillation

First Author: Wess, ML

Citation: Journal of General Internal Medicine 2008; 23: 411-417

Summary: The authors describe a preliminary, retrospective study of whether or not a computerized decision-support tool for assessing patient-specific risk-benefit ratios for the administration of warfarin after atrial fibrillation. Analysis of 6123 patients revealed that patients who received warfarin against the tool's recommendation were at greater risk of gastrointestinal bleeding. In contrast, those patients who received warfarin with the tool's recommendation did not experience higher rates of GI bleeding. While the authors report that receipt of warfarin in this group was associated with lower risk of stroke, this finding was not statistically significant (as a result of low warfarin usage overall).

Reviewer: E. Abdoler

Title: Comparison of Electronic Physician Prompts versus Waitroom Case-Finding on Clinical Trial Enrollment

First Author: Rollman, BL

Citation: Journal of General Internal Medicine 2008; 23: 447-450

Summary: In this brief report, the authors explored the feasibility and efficiency of using electronic medical record (EMR)-based prompts to remind physicians to refer their potentially-eligible patients for enrollment in clinical trials of anxiety and panic disorders; this method was compared to the traditional waitroom assessment approach. Although the waitroom approach resulted in slightly more enrollments (193 vs. 176), the efficiency of the EMR-prompt method was higher (although this conclusion needs further explication, as it is unknown what percentage of prompts physicians heeded). In addition, the EMR-prompt method was marked by higher enrollment of non-white subjects and individuals with more severe symptoms.

Journal of Medicine and Philosophy

Reviewer: Sachs, Ben

Title: A Phenomenology of the ‘ Placebo Effect ’ : Taking Meaning from the Mind to the Body

First Author: Frenkel, Oron

Citation: Journal of Medicine and Philosophy 2008; 33: 58-79

Summary: Frenkel first discusses what he calls the standard explanation of the placebo effect: expectancy theory. Expectancy theory says that due to conditioning, people often form the belief that taking a pill will improve their health. The theory then posits that having a belief that x, i.e., "This is going to improve my health," can make x come true, i.e., can actually improve my health. Frenkel's objection, however, is that no one has ever explained how expectations can be converted into events.

Interestingly, Frenkel recognizes that that problem is a mere slice of a larger problem, which is that our intentions are never as specific as our actions. When I intend to move my arm, I don't intend to have specific muscle fibers twitch, but sure enough they do.

What Frenkel proposes to do is take a solution to that larger problem and show how it applies to the placebo effect problem. Unfortunately, the solution is really hard to understand. It has something to do with there being something along the lines of bodily knowledge--one's body just knowing how to do something. As far as I can tell, Frenkel never explains how this works nor addresses the obvious question of how anything but a mind can know something.

Reviewer: Sachs, Ben

Title: How Physicians Allocate Scarce Resources at the Bedside: A Systematic Review of Qualitative Studies

First Author: Strech, Daniel

Citation: Journal of Medicine and Philosophy 2008; 33: 80-99

Summary: This is a review article covering the qualitative research on how physicians think of and carry out bedside rationing. The authors conclude that "physicians' rationing behavior is highly variable, strongly influenced by context-related factors, and consists mainly of implicit rationing strategies. Torn between patient advocacy and the obligation to contain costs, physicians experience various role confl icts. The development of explicit rationing strategies seems necessary to avoid arbitrary BSR [bedside rationing] and allow a fair allocation of health-care resources."

Reviewer: Sachs, Ben

Title: An Analysis of Candidate Ethical Justifications for Allowing Inexperienced Physicians-in-Training to Perform Invasive Procedures

First Author: Mercurio, Mark

Citation: Journal of Medicine and Philosophy 2008; 33: 44-57

Summary: Some people objection to allowing physicians-in-training to perform invasive procedures on the grounds that doing so is a failure to promote the best interests of the patient. In this article Mercurio canvasses various possible justifications for the practice. Without explicitly saying so, it is clear that he is not willing to accept any justification that does not show that this practice is in fact in the best interests of the patient. For instance, he rejects the utilitarian justification--that allowing the resident to perform the procedure will benefit future patients on whom the resident performs the same procedure--because it fails to show that allowing the resident to perform the procedure is in the best interests of this particular patient.

There are two justifications that Mercurio accepts. One is the claim that this particular patient might care about people who will in the future be the patients of this resident. Thus, it promotes this particular patient's interests (understood broadly enough to include unselfish interests) to allow the resident to improve his skill on this particular patient. The other justification is the rule utilitarian justification, which is that the practice of allowing residents to perform invasive procedures maximizes the overall satsfaction of interests.

While this latter claim is true, it fails as a justification by Mercurio's own lights: It does not show that allowing the resident to perform the invasive procedure is in this particular patient's best interests. What Mercurio should say, but doesn't, is that treating someone in an ethically permissible way doesn't always require acting in that person's best interests.

Lancet

Reviewer: Schulz-Baldes

Title: Do classical origins of medical terms endanger patients?

First Author: Melinda Lyons

Citation: Lancet 2008; 371: 1321-1322

Summary: A closer look at medical terminology: clinical abbreviations are often error-prone and terms frequently look alike (homonymes) and sound alike (homophones). This can lead to medical error. The author therefore argues: "There is no justification for the continued use of vocabulary that adds ambiguous jargon to the training and day-to-day work of health professionals. For the sake of clinicians and patients alike, removal of archaic, risk-prone terms to simplify the language of medicine is a necessary step."

Reviewer: Millum

Title: Population effect of scaling up ART in resource-poor settings

First Author: Matthias Egger

Citation: Lancet 2008; 371: 1558-1559

Summary: Studies in Malawi and South Africa have shown the population level effect of introducing antiretroviral therapy into poor settings. They produce a reduction in mortality within a year. Further reductions in mortality are expected to occur more slowly. (The Malawi study is reported in this issue of the Lancet.)

Reviewer: Millum

Title: Editorial: NICE and new drugs for rheumatoid arthritis

First Author: The Lancet

Citation: Lancet 2008; 371: 1477-1477

Summary: The UK's National Institute for Health and Clinical Excellence (NICE) recently rejected an appeal on abatacept for patients with severe rheumatoid arthritis on the grounds of cost. The Lancet is ambivalent about the decision. The Editors accept that "NICE is at the sharp end of husbanding NHS resources," but argue that "cost-effectiveness evidence needs to be interpreted with compassion as well as impartial science." Moreover, they are concerned that the decision may act as a disincentive to research on rheumatoid arthritis.

Reviewer: Schulz-Baldes

Title: Conscientious commitment
Conscientious commitment

First Author: Bernard Dickens

Citation: Lancet 2008; 371: 1240-1241

Summary: The paper provides some nice examples of physicians acting against legal, religious or medical orthodoxy and contrasts such "conscientious commitment" with conscientious objection. The idea and the examples are interesting. However, Dickens does not provide much argument for his claim that the medical ethic of placing patient's interests above the physician's own interests can require physicians to be "conscientiously committed" to certain acts.

Reviewer: Schulz-Baldes

Title: Outcomes from monitoring of patients on antiretroviral therapy in resource-limited settings with viral load, CD4 cell count, or clinical observation alone: a computer simulation model

First Author: Andrew Phillips

Citation: Lancet 2008; 371: 1443-1451

Summary: Computer simulation shows that the addition of laboratory monitoring provides little added survival benefit compared with clinical monitoring alone and that cost-effectiveness of such testing is poor. In the computer model, survival was only slightly better for patients who received viral-load testing compared with those who had only CD4 cell counts or clinical monitoring. Although there are few empirical data to compare with Phillips and colleagues' model, those which are available are supportive. However, the commentary on this paper points out that some degree of laboratory assessment is needed to identify most individuals who would benefit from antiretroviral therapy.

Reviewer: Schulz-Baldes

Title: Stopping trials early for benefit: too good to be true

First Author: Editorial

Citation: Lancet 2008; 371: 1310-1310

Summary: Editorial pointing to a new review of studies that were stopped early for benefit (available from http://annonc.oxfordjournals.org/cgi/content/abstract/mdn042v4). Of the reviewed 25 trials, six had no data and safety monitoring board (DSMB) and five had enrolled less than 40% of the sample size. 11 were used to support licensing applications on the basis of what could have been exaggerated chance events.

Reviewer: Schulz-Baldes

Title: Countdown to 2015: a report card on maternal, newborn, and child survival

First Author: Richard Horton

Citation: Lancet 2008; 371: 1217-1219

Summary: Editorial to a series of articles on the progress made towards the MDG goals relating to maternal, newborn and child health. Only 16 of 68 priority countries are on track to reach Millennium Development Goal (MDG) 4 on child survival, and Africa remains a particular focus of concern (at least half of maternal and child deaths take place in sub-Saharan Africa).

Reviewer: Millum

Title: A new global malaria eradication strategy

First Author: Richard Feachem

Citation: Lancet 2008; 371: 1633-1635

Summary: The authors consider the recent goal of the Gates Foundation to eliminate malaria. Noting the failure of previous elimination efforts, they recommend a global strategy that balances elimination and control efforts. Countries on the margins of the malaria endemic zone would attempt to completely interrupt transmission while those in the middle would focus on control.

New England Journal of Medicine

Reviewer: Smith

Title: Personally Controlled Online Health Data -- The Next Big Thing in Medical Care

First Author: Steinbrook, R

Citation: New England Journal of Medicine 2008; 358: 1653-1656

Summary: Author chronicles the growing movement towards online repositories of medical records. He analyses some reasons for it but also points to legal and policy issues, especially those regarding HIPPA.

Reviewer: Smith

Title: Full Disclosure and the Funding of Biomedical Research

First Author: Schwartz, R; Curfman, G; Morrisey, S; Drazen, J

Citation: New England Journal of Medicine 2008; 358: 1850-1851

Summary: The editors report that it has come to their attention that a recent Lung Cancer Screening Group Study published in the Journal (2006;355:1763-71) was funded by a foundation, whose head was the PI of the study. Furthermore, the foundation was housed in the PI's academic institution. Finally, the only contributor for most of the existence of the foundation was a major tobacco company. The Journal thus took the opportunity to assert that authors should fully disclose funding sources so that the readers can be fully informed.

A clarification from the author of the study's funding sources appears in the correspondence of this issue of the Journal.

Reviewer: Smith

Title: Options for Slowing the Growth of Health Care Costs

First Author: Mongan, J; Ferris, T; Lee, T

Citation: New England Journal of Medicine 2008; 358: 1509-1514

Summary: The authors give an extensive discussion of cost-savings methods. They discuss 12 options and segment them into tertiles according to the degree of potential savings. They conclude with a series of recommendations based on their discussion.

Reviewer: Smith

Title: Off the Record -- Avoiding the Pitfalls of Going Electronic

First Author: Hartzband, P; Groopman, J

Citation: New England Journal of Medicine 2008; 358: 1656-1658

Summary: Authors detail worries about moving to quickly towards electronic medical records and conclude with some recommendations of ways that electronic medical records can be used without compromising important attentiveness.

Reviewer: Smith

Title: Physician Workforce Crisis? Wrong Diagnosis, Wrong Prescription

First Author: Goodman, D; Fisher, E

Citation: New England Journal of Medicine 2008; 358: 1658-1661

Summary: Authors suggest that the current suggestion that we are suffering from a workforce crisis fails to pay attention to regional differences, in which those regions with the most physicians do not show improved care while showing increased spending on care. (Compare Brownlee). Authors suggest that the move to increased supply (endorsed by AAMC among others) will further regional inequalities, undermine primary care and force greater fragmentation -- emphasizing procedural specialities, and prove very costly. The authors provide three recommendations: 1) do not remove the Medicare cap on funding of graduate medical education, 2) find the best way to reallocate the current medical education funding (increasing emphasis on primary care, etc.) and 3) acclerate payment reform.

Reviewer: Smith

Title: Playing "Kick the FDA" -- Risk-free to Players but Hazardous to Public Health

First Author: A.J.J. Wood

Citation: New England Journal of Medicine 2008; 358: 1774-1775

Summary: Author complains at the increasing responsibilities that have been placed on the FDA by Congress without increases in funding. He then suggests that responsibility for regulation must largely be shifted to manufacturers.

Reviewer: Smith

Title: Trying Times at the FDA -- The Challenge of Ensuring the Safety of Imported Pharmaceuticals

First Author: Schweitzer, S

Citation: New England Journal of Medicine 2008; 358: 1774-1777

Summary: Author recounts the recent recall of Chinese imported heparin and the strains that inspection of imported pharmaceuticals places on the FDA. He then considers the possibility of increasing the FDA's efficiency, but also advocates rethinking the FDA's responsibilities.

Reviewer: Smith

Title: Pharmaceutical Promotion to Physicians and First Amendment Rights

First Author: Kesselheim, AS and Avorn J

Citation: New England Journal of Medicine 2008; 358: 1727-1731

Summary: Article reviews arguments for legal constraints pharmaceutical promotion and the counter-arguments under first amendment rights. Authors display the case history, the state interest in public safety (especially in regard to off-labeling), and suggest that they believe that there is "ample evidence to support" differential regulation for pharmaceutical promotion, with greater regulation than exercise of free speech.

Reviewer: Smith
Title: Book Review: Science for Sale: The Perils, Rewards, and Delusions of Campus Capitalism By Daniel Greenberg
First Author: Koepsell, D
Citation: New England Journal of Medicine 2008; 357: 1643-1644
Summary: Koepsell recounts Greenberg's book as a history of research ethics, which moves from the scandal era through Jesse Gelsinger. Koepsell is disappointed by the conclusions, which apparently offer little ethical help outside of calls for "transparency."

Reviewer: Smith
Title: Regulating Off-Label Drug Use – Rethinking the Role of the FDA
First Author:
Citation: New England Journal of Medicine 2008; 358: 1427-1429
Summary:

Reviewer: Smith
Title: Handgun Violence, Public Health, and the Law
First Author: Curfman, G; Morrissey, S; Drazen, J
Citation: New England Journal of Medicine 2008; 358: 1503-1504
Summary: Editors look to the two articles on District of Columbia v. Heller in this issue of the Journal and appeal to the community of medicine to take special interest in the case in light of public health considerations.

Reviewer: Smith
Title: Interpreting the Right to Bear Arms – Gun Regulation and Constitutional Law
First Author: Tushnet, M
Citation: New England Journal of Medicine 2008; 358: 1424-1426
Summary: Good article summarizing the constitutional law issues at stake in the Supreme Court decision of District of Columbia v. Heller, an important second amendment case.

Reviewer: Smith
Title: Guns, Fear, the Constitution, and the Public's Health
First Author: Wintermute, G
Citation: New England Journal of Medicine 2008; 358: 1421-1424
Summary: Article looks at current status of gun regulation throughout the US from a public health perspective and worries about a Supreme Court decision that would broaden gun rights.

Reviewer: Smith

Title: Tectonic Shifts in the Health Information Economy

First Author: Mdandl, K; Kohane, I

Citation: New England Journal of Medicine 2008; 357: 1732-1737

Summary: Article looks at the birth of personally controlled health records, particularly in regard to the expanded access to research (both clinical trials and prospective studies) that such integrated health records would afford patients. They describe the integrational components, put forward possible changes that this would make to various institutions, particularly academic medical centers. They also suggest some issues regarding regulation -- particularly HIPPA. Finally they pose five hurdles, perhaps the most interesting of which is the need for agreement of standards (especially regarding what constitutes identified and deidentified data).

Reviewer: Smith

Title: Perspectives on Medical Outsourcing and Telemedicine – Rough Edges in a Flat World?

First Author: Singh, S; Wachter, R

Citation: New England Journal of Medicine 2008; 358: 1622-1627

Summary: The authors consider challenges to medical outsourcing and telemedicine (electronic delivery of outsourced services). They consider regulatory issues including malpractice, consent, but believe that the ultimate regulatory question is whether or not a modified framework will ensure improvement in value of care.

Reviewer: Smith

Title: Challenges to HIV Prevention – Seeking Effective Measures in the Absence of a Vaccine

First Author: Lagakos, S and Gable, A

Citation: New England Journal of Medicine 2008; 358: 1543-1545

Summary: Authors recount methodologic difficulties to trials of late-stage biomedication prevention trials. They point to the length of time that a vaccine is expected to take and advocate for improvement in prevention trials, testing scale-up, and greater emphasis on behavioral intervention in the meantime.

Reviewer: Smith

Title: Universal Coverage One Head at a Time – The Risks and Benefits of Individual Health Insurance Mandates

First Author: Glied, S

Citation: New England Journal of Medicine 2008; 358: 1540-1542

Summary: Authors recount the history behind the mandate movement. It also recounts the standard arguments for mandates and the standard concerns, likening it to a tax in respect to requiring action by citizens that they do not want, allowing for special interest targeting, and having administrative difficulties. The author concludes that the most important benefit of the mandate may be the fact that it signals to the citizens the seriousness with which the government believes they ought to take health care.

Reviewer: Smith

Title: California Dreamin; -- State Health Care Reform and the Prospect for National Change

First Author: Issacs, SL and Schroeder, SA

Citation: New England Journal of Medicine 2008; 358: 1537-1540

Summary: Authors look to recent health care reform failure in California and draw the conclusion that six obstacles must be overcome for any health care reform initiatives: 1) employer mandates, 2) individual mandates, 3) cost, 4) cost-containment, 5) design of benefits package, and 6) political partisanship. The authors suggest that significant success in a "a dozen or more states" could pave the way towards national reform.

Reviewer: Smith

Title: Electronic Health Records, Medical Research, and the Tower of Babel

First Author: Kush, R; Helton, E; Rockhold, F; Hardison, CD

Citation: New England Journal of Medicine 2008; 357: 1738-1740

Summary: Article details various models that are used in electronic medical records and calls for a standardization so that electronic records can be integrated.

Reviewer: Smith

Title: Regulating Off-Label Drug Use – Rethinking the Role of the FDA

First Author: Stafford, R

Citation: New England Journal of Medicine 2008; 358: 1427-1429

Summary: Author laments the diminishing role projected in the FDA's recent draft guidelines for off-label regulation.

Philosophy and Public Affairs

Reviewer: Smith

Title: Against Self-Ownership: There are No Fact-Insensitive Ownership Rights over One's Body

First Author: Kasp Lippert-Rasmussen

Citation: Philosophy and Public Affairs 2008; 36: 86-118

Summary: Author argues that the libertarian thesis of self-ownership rights is inconsistent with our moral beliefs because of counterintuitive conclusions. He moves through a number of contingencies that relate intuitions about self-ownership to other deep intuitions (for instance about intrusion) particularly using eye redistribution cases and rejects that self-ownership is necessary for a particular kind of moral status. He also argues against the thesis of asymmetry about intrusion into one's body as opposed to external resources.

Reviewer: Smith

Title: Taurek's No Worse Claim

First Author: Weyma Lubbe

Citation: Philosophy and Public Affairs 2008; 36: 69-85

Summary: Extensive discussion of the famous "No Worse Claim" made by John Taurek in his discussion of whether or not numbers count and explored by Francis Kamm in Morality, Mortality and Intricate Ethics as well as "Aggregation and Two Moral Methods." The No Worse Claim is the denial that a state of affairs in which five die is worse than one in which one dies. Kamm's "Aggregation Argument" has been taking to suggest that speaking of betterness in Pareto cases but not in cases in which interests conflict is inconsistent. The author denies the view that betterness in aggregation cases is meant to assert that states of affairs are the bearers of goodness, instead holding that betterness is a moral evaluation about what a decision maker should do; in other words, the premises of the aggregation argument discuss choices rather than states of affairs as the objects of evaluation. After a brief point that even restating the "Aggregation Argument" so that it avoids charges of ellipticism cannot escape the conclusion, which would be unacceptable to Taurek, he claims that Taurek can avoid the "Aggregation Argument" by denying the second premise (one situation, in which persons 1 and 2 are saved and 3 is not, should be chosen over another, in which 3 is saved and 1 and 2 are not) by asserting that the possibility of coin flipping is another option that is superior to both of the previous two. It has been claimed that this is inconsistent with valuing Pareto improvements, but the author rightly points out that this is not a Pareto improvement and not inconsistent with valuing such improvements.

PLoS Medicine

Reviewer: Persad

Title: The Reversal of Fortunes: Trends in County Mortality and Cross-County Mortality Disparities in the United States

First Author: Ezzati, Majid

Citation: PLoS Medicine 2008; 5: e66-e66

Summary: County-to-county differences in life expectancy have been increasing since the 1980s, according to the article. This worries those concerned about health disparity. Furthermore, even though the average life expectancy is increasing, the life expectancy in some places is actually getting worse. "The findings suggest that beginning in the early 1980s and continuing through 1999 those who were already disadvantaged did not benefit from the gains in life expectancy experienced by the advantaged, and some became even worse off. The study emphasizes how important it is to monitor health inequalities between different groups, in order to ensure that everyone—and not just the well-off—can experience gains in life expectancy."

Reviewer: Persad

Title: A Systematic Review of Studies That Aim to Determine Which Outcomes to Measure in Clinical Trials in Children

First Author: Sinha, I

Citation: PLoS Medicine 2008; 5: e96-e96

Summary: Large systematic review considering methods to decide which outcomes should be taken as data points in pediatric clinical trials. (Very 'meta'.) Could be interesting for those working in pediatric topics?

Science

Reviewer: Wolitz

Title: A Bruising Battle Over Lung Scans

First Author: Marshall, Eliot

Citation: Science 2008; 320: 600-603

Summary: Whether or not to screen smokers and others at high risk of lung cancer with costly CT scans is causing a big stir. The issue focuses around the ability of CT scans to pick up tumors when they are small so that they can be removed before spreading. One study conducted at Weill Cornell Medical College says that they are effective; others have doubts about this particular study because it was not a randomized controlled trial. A NCI trial, the largest cancer screening test it has ever run, should be able to weigh in on this issue definitively in 2010.

Reviewer: Wolitz

Title: Wishing for an African Einstein

First Author: Clery, Daniel

Citation: Science 2008; 320: 604-605

Summary: Mathematical physicist Neil Turok of Cambridge University is the founder of The African Institute for Mathematical Sciences (AIMS) in South Africa. This very selective program enables bright African mathematics students to get world class training on their home continent in a variety of topics, many with an applied bent. The motivating concerns for the project share some features of the brain drain problem with which we are familiar. Due to its great success, the AIMS model is being replicated across Africa.
